1040 OUTREACH, ENGAGEMENT, RE-ENGAGEMENT AND CLOSURE FOR BEHAVIORAL HEALTH

INITIAL
EFFECTIVE DATE: 07/01/2016

A. OVERVIEW

Contractors and TRBHAs shall develop and implement outreach, engagement, re-engagement and closure activities. Contractors shall develop and make available to providers its policies and procedures regarding outreach, engagement, re-engagement and closure, including any additional information specific to their operations.

Outreach includes activities designed to inform individuals of behavioral health services availability and to engage or refer those individuals who may need services. The activities described within this section are essential elements of clinical practice. Outreach to vulnerable populations, establishing an inviting and non-threatening environment, and re-establishing contact with persons who have become temporarily disconnected from services are critical to the success of any therapeutic relationship.

Contractors and TRBHAs shall ensure the incorporation of the following critical activities regarding service delivery within Arizona's behavioral health system:

1. Establish expectations for the engagement of persons seeking or receiving behavioral health services,

2. Determine procedures to re-engage persons who have withdrawn from participation in the treatment process,

3. Describe conditions necessary to end re-engagement activities for a person in the behavioral health system, and

4. Establish expectations for serving persons who are attempting to re-enter the behavioral health system.

B. COMMUNITY OUTREACH

1. Contractors shall provide and participate in community outreach activities to inform the public of the benefits and availability of behavioral health services and how to access them. Contractors shall disseminate information to the general public, other human service providers, including but not limited to county and state governments, school administrators, first responders, teachers, those providing services for military veterans, and other interested parties regarding the behavioral health services that are available to eligible persons.

2. Outreach activities conducted by the Contractor may include, but are not limited to:
   a. Participation in local health fairs or health promotion activities,
   b. Involvement with local schools,
   c. Involvement with outreach activities for military veterans, such as Arizona Veterans Stand Down Coalition events,
   d. Development of outreach programs and activities for first responders (i.e. police, fire, EMT),
   e. Regular contact with AHCCCS Contractor behavioral health coordinators and primary care providers,
   f. Development of outreach programs to members experiencing homelessness,
   g. Development of outreach programs to persons who are at risk, are identified as a group with high incidence or prevalence of behavioral health issues or are underserved,
   h. Publication and distribution of informational materials,
   i. Liaison activities with local, county and tribal jails, prisons, county detention facilities, and local and county Department of Child Safety (DCS) offices and programs,
   j. Regular interaction with agencies that have contact with substance abusing pregnant women/teenagers,
   k. Development and implementation of outreach programs to identify persons with co-morbid medical and behavioral health disorders and those who have been determined to have Serious Mental Illness (SMI) within the Contractor's geographic service area, including persons who reside in jails, homeless shelters, county detention facilities or other settings,
   l. Provision of information to behavioral health advocacy organizations, and
   m. Development and coordination of outreach programs to Native American tribes in Arizona to provide services for tribal members.

C. ENGAGEMENT

1. Contractors and TRBHAs shall ensure active engagement by providers in the treatment planning process with the following:
   a. The member and/or member's legal guardian,
   b. The member's family/significant others, if applicable and amenable to the person,
   c. Other agencies/providers as applicable, and
   d. For persons with a SMI who are receiving Special Assistance (see AMPM Policy 320-R), the person (guardian, family member, advocate or other) designated to provide Special Assistance.

D. RE-ENGAGEMENT

1. Contractors and TRBHAs shall ensure re-engagement attempts are made with members who have withdrawn from participation in the treatment process prior to

the successful completion of treatment, refused services or failed to appear for a scheduled service based on a clinical assessment of need. All attempts to re-engage members must be documented in the comprehensive clinical record. The behavioral health provider must attempt to re-engage the member by:

a. Communicating in the member's preferred language,
b. Contacting the member or the member's legal guardian by telephone at times when the member may reasonably be expected to be available (e.g., after work or school),
c. When possible, contacting the member or the member's legal guardian face-to-face if telephone contact is insufficient to locate the person or determine acuity and risk,
d. Sending a letter to the current or most recent address requesting contact. If all attempts at personal contact are unsuccessful, except when a letter is contraindicated due to safety concerns (e.g., domestic violence) or confidentiality issues. The provider will note safety or confidentiality concerns in the progress notes section of the clinical record and include a copy of the letter sent in the comprehensive clinical record, and
e. For persons determined to have a SMI who are receiving Special Assistance (see AMPM Policy 320-R), contacting the person designated to provide Special Assistance for his/her involvement in re-engagement efforts.

2. If the above activities are unsuccessful, Contractors and TRBHAs shall ensure further attempts are made to re-engage the following populations: persons determined to have a SMI, children, pregnant substance abusing women/ teenagers, and any person determined to be at risk of relapse, decompensation, deterioration or a potential harm to self or others. Further attempts shall include at a minimum: contacting the person or person's legal guardian face-to-face, and contacting natural supports for whom the member has given permission to the provider to contact. All attempts to re-engage these members must be clearly documented in the comprehensive clinical record.

3. If face-to-face contact with the member is successful and the member appears to be a danger to self, danger to others, persistently and acutely disabled or gravely disabled, the provider must determine whether it is appropriate to engage the person to seek inpatient care voluntarily. If the member declines voluntary admission, the provider must initiate the pre-petition screening or petition for treatment process described in AMPM Policy 320-T.

E. FOLLOW-UP AFTER SIGNIFICANT AND/OR CRITICAL EVENTS

1. Contractors and TRBHAs shall ensure activities are documented in the clinical record and follow-up activities are conducted to maintain engagement within the following timeframes:

a. Discharged from inpatient services, in accordance with the discharge plan and within seven days of the person's release to ensure client stabilization, medication adherence, and to avoid re-hospitalization,
b. Involved in a behavioral health crisis within timeframes based upon the person's clinical needs, but no later than seven days, and
c. Refusing prescribed psychotropic medications within timeframes based upon the person's clinical needs and individual history.

REFERENCES

- AHCCCS MCO Contracts, Section D
- RBHA Contracts, Scope of Service
- TRBHA IGAs
- AMPM Policy 320-R
- AMPM Policy 320-T
- Substance Abuse Prevention and Treatment Block Grant
- AHCCCS Demographic and Outcome Data Set User Guide
- 9 Guiding Principles for Recovery Oriented Adult Behavioral Health Services and Systems
- 12 Principles for Children's Health
- A.A.C. R9-21-302
- A.R.S. Title 36, Chapter 5